

# Federal On-Site Review Instrument - Child Case Portion

(NOVEMBER 2001)

CHILD eligible for entire sample review period: YES \_\_\_\_\_ NO \_\_\_\_\_

PROVIDER eligible for entire sample review period: YES \_\_\_\_\_ NO \_\_\_\_\_

## TITLE IV-E FOSTER CARE ELIGIBILITY REVIEW CHECKLIST

**EACH QUESTION MUST BE ANSWERED.** If the question is not applicable, check the N/A column.

A question with no space for N/A must be answered YES or NO. Review the INSTRUCTIONS FOR COMPLETING THE TITLE IV-E FOSTER CARE ELIGIBILITY CHECKLIST for an explanation of each question and how to answer it. This form may be annotated with additional information regarding eligibility, as necessary. Boxes outlined in bold indicate potential case errors.

Sample review period: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

1. State Abbreviation and Random Sample Selection number: \_\_\_\_ 2. Case ID: \_\_\_\_\_

3. County or Local Office: \_\_\_\_\_ 4. Date of Review (MM/DD/YY): \_\_\_\_\_

5. Reviewed by: \_\_\_\_\_

A. CHILD INFORMATION	YES	NO	N/A
X1. Child's Name:			
6. Child's Date of Birth (MM/DD/YY):			
7. Child's age as of first day of sample review period: _____			
8. If this child was 18 at any time during the sample review period, was (s)he a full time student in secondary school or its equivalent and expecting to graduate prior to the 19 <sup>th</sup> birthday? ( <i>State Option</i> )			
8(a). If the answer to question 8 is <i>NO</i> , was title IV-E claimed for the period of ineligibility?			
<b>B. RELEVANT DATES</b>			
9. Date child was removed from home: (MM/DD/YY) ____/____/____			
10. Date child entered foster care: (MM/DD/YY): ____/____/____			
<b>C. REMOVAL PURSUANT TO A COURT ORDER</b>			
11. Was child's removal the result of a judicial determination? <b>If NO, proceed to question 14. If YES, continue to question 12.</b>			
12. Date of court order removing child from the home (MM/DD/YY): _____			
12(a). Does the removal order address <i>CONTRARY TO THE WELFARE</i> ?			
13. Is there a court order that addresses <i>REASONABLE EFFORTS TO PREVENT REMOVAL OR REASONABLE EFFORTS TO REUNIFY CHILD AND FAMILY</i> ?			
13(a). Date of court order re: reasonable efforts to prevent removal (MM/DD/YY): _____			
13(b). Date of court order re: reasonable efforts to reunify (MM/DD/YY): _____			

D. VOLUNTARY PLACEMENTS	YES	NO	N/A
14. Was the child's removal pursuant to a voluntary placement agreement? <b>If YES, continue to question 15. If NO, proceed to question 17.</b>			
15. Was the voluntary placement agreement signed by parent/legal guardian AND the agency representative(s)?			
15(a). Date voluntary placement agreement was signed by all parties (MM/DD/YY): _____			
16. Is there a judicial determination regarding the child's <i>BEST INTEREST</i> within 180 days of the date of placement?			
16(a). Date of judicial determination (MM/DD/YY): _____			
<b>E. ONGOING JUDICIAL ACTIVITY (APPLICABLE TO COURT-ORDERED REMOVALS ONLY)</b>			
17. Is a judicial determination regarding <i>REASONABLE EFFORTS TO FINALIZE THE PERMANENCY PLAN</i> due during the period under review?			
<b>If NO, proceed to question 18. If YES, continue to question 17(a).</b>			
17(a). Date of judicial determination (MM/DD/YY) _____			
<b>F. AFDC ELIGIBILITY</b>			
18. Date child last lived with parent/specified relative prior to current foster care episode (MM/DD/YY) _____			
19. Was the child living with the specified relative at question 18 within 6 months of the initiation of court proceedings or the voluntary placement agreement?			
20. Was the child living with and removed from the same specified relative?			
21. Has the State determined that the child was AFDC-eligible at the time of removal?			
21(a). Was financial need established?			
21(b) Was deprivation of parental support or care established?			
22. Was the child's eligibility redetermined?			
22(a). Date of redetermination, if applicable (MM/DD/YY): _____			
23. Does financial need exist throughout the entire review period?			
23(a). If NO, was title IV-E claimed for the period of ineligibility?			
24. Does deprivation exist throughout the entire review period?			
24(a). If NO, was title IV-E claimed for the period of ineligibility?			
<b>G. STATE AGENCY RESPONSIBILITY FOR PLACEMENT/CARE OF CHILD</b>			
25. For the entire time that the child is in an out-of-home placement during the review period, does the IV-E agency (or public agency with IV-E agreement) maintain responsibility for the placement and care of the child? <b>If YES, proceed to question 27. If NO, continue to question 26.</b>			
26. Was title IV-E claimed for the period of time that the title IV-E agency (or public agency with IV-E agreement) <i>did not</i> have responsibility for the placement and care of the child?			
27. Name of agency:			

# Federal On-Site Review Instrument - Licensing Portion

Case Name \_\_\_\_\_ Case ID \_\_\_\_\_ Eligible: YES NO

## Sample # \_\_\_\_\_ Licensing Checklist for Multiple Placements

Reviewed By: \_\_\_\_\_

Use this page to record multiple placements during the review period.

<b>H. PLACEMENT IN LICENSED HOME OR FACILITY (Complete for EVERY home/facility during the review period)</b>			
X2. Provider Name:			
X3. Provider Street Address:			
X4. Provider City:	X5. Provider State:		
28. Date(s) of child's placement in this foster care facility (MM/DD/YY): from: _____ to: _____ from: _____ to: _____			
29. Date of child's departure from this facility, if applicable (MM/DD/YY):			
30. Type of foster care facility (check one): FFH ( ) GH ( ) Public Inst. ( ) PNP/FP Inst. ( ) Other ( )			
31. Is this provider licensed or approved during the child's placement that falls within the period under review?			
31(a). Licensed period <b>from</b> (MM/DD/YY) _____ <b>to</b> (MM/DD/YY) _____			
31(b). If <b>NO</b> , was title IV-E claimed for the period of time the provider <i>is not</i> licensed/approved?			
<b>I. SAFETY REQUIREMENTS OF PROVIDER (Complete for EVERY home/facility during the review Period)</b>			
32. Has this State opted out of the criminal records check requirement? (This Requirement applies only to prospective foster family homes and pre-adoptive homes.) If <b>YES</b> , proceed to question 34. If <b>NO</b> , continue with question 33.			
33. Was a criminal records check satisfactorily completed on the foster/adoptive parent(s)?			
34. If the State has opted out of the criminal records check requirement, does the licensing file contain documentation that safety considerations with respect to the caretaker(s) have been addressed?			
35. If the child is placed in a child care institution, does the licensing file contain Documentation that safety considerations with respect to the staff/caretakers Have Been addressed?			
<u>ADDITIONAL NOTES/COMMENTS:</u>			